

Case Number:	CM14-0126083		
Date Assigned:	09/05/2014	Date of Injury:	03/22/2012
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69-year-old female with a 3/22/12 date of injury; the mechanism of the injury was not described. The patient was seen on 7/9/14 with complaints of 4.5/10 right knee pain. The pain without medications was rated 4.5/10. The patient stated that her activity decreased and she had fair sleep quality. The patient was taking Pennsaid pump, Ultracet, Glucosamine, Ambien and different medications. Exam findings revealed restricted range of motion of the right knee with no evidence of swelling, atrophy or deformity. There was tenderness to palpation over the medial joint line and patella with crepitus. The anterior drawer test, Lachman test, posterior drawer test, reverse pivot shift test and McMurray's were negative. The patellar grind test was positive. The motor strength was 5/5 in all muscle groups in the lower extremities and the sensory exam was normal. The diagnosis is right knee pain. Radiographs of the knees dated 4/26/12 (the radiology report was not available for the review) did not reveal any degenerative changes. MRI of the right knee dated 6/25/12 (the radiology report was not available for the review) revealed intrasubstance degenerative changes of the body and posterior horn of the medial meniscus. Treatment to date: Synvisc injection, steroid injections, aqua therapy, work restrictions, acupuncture, physical therapy and medications. An adverse determination was received on 7/24/14 given that there was a lack of documentation indicating that the patient failed oral adjuvant analgesics such as antidepressants, anticonvulsants and there was no rationale as to why topical agents would be preferable over oral non-steroidal anti-inflammatory drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren Gel 1%, qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The request does not specify the area where the medication should be applied. In addition, there is a lack of objective documentation indicating that the patient had osteoarthritis in the knee. There is no rationale with regards to the use of Voltaren with clearly specified goals from the treatment. Therefore, the request for Voltaren Gel 1%, qty 3 was not medically necessary.